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Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasury
Internal Revenue Service

art I General Information				
Name of organization		_	Employer Identification number	
Support Our Local Schools			93 : 93-1284119	
Mailing address (P.O. Box or numl		lite number)		
900 SW 5th Ave. #3600				
City or town, state, and ZIP code Portland, OR 97204-12	68	<u> </u>		
E-mail address of organization				
Name of custodian of records	4b	4ь Custodian's address 921 SW Washington St. #470		
Susan C. Matthews		321 3W Washington 3C.	π+7.U	
C&E Systems		Portland, OR 97205		
Name of contact person	5b	Contact person's address		
122		1220 SW Morrison #910	0	
Aisling Coghlan		*******		
		Portland, OR 97 <u>205</u>		
Business address of organization	if different from mailing ac	idress shown above). Number, street,	and room or suite number	
City or town, state, and ZIP code				
rt II Purpose		<u></u>		
Describe the purpose of the organ	rization			

art III List of Ali Related	Entities (see instruct	ions)		
Name of related entity	8b Relationship	\$c Address		
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r Paperwork Reduction Act Notice	e, see page 4.	Cat. No. 30405V	Form 8871 (7-2000)	

Sign Here Signature of authorized official